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28880 PFIZER INC PATENT DEPAI Building 114 M/S EASTERN POIN GROTON, CT 06	ace dra I h Sta ade							
			-	WARRANA MARANA M		***************************************		(Depositor's name) (Signature)
				***************************************				(Date)
APPLICATION NO.	FILING DAT	TE FIRS	T NAMED INVENTO	OR I A	TTORNEY DOC	KET NO.	CONFIRM	IATION NO.
10/617,616	07/11/200	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Bore G. Raju		PC19348			915
TITLE OF INVENTION: N-HYDROXYAMIDE DERIVATIVES POSSESSING ANTIBACTERIAL ACTIVITY								
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	PREV. PAIL	ISSUE FEE	TOTAL FEE	(S) DUE	DATE DUE
nonprovisional	NO	\$1,510	\$300		0	\$1,81	0	02/18/2010
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1. Change of corresponden- CFR 1.363).  Change of corresponden Address form PTO/SB/122  "Fee Address" indication PTO/SB/47; Rev 03-02 or 1 Number is required.	nce address (or Change ) attached. on (or "Fee Address" Ind more recent) attached. U	of Correspondence lication form se of a Customer	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed no name will be printed.  1 Greeg C. Benson  2 Michael Dixon  3 Jason Tebbutt					
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Pfizer Inc New York, New York								
Please check the appropriate assignee category or categories (will not be printed on the patent):   Individual   Corporation or other private group entity   Government								
4a. The following fec(s) are Sissue Fee Publication Fee of Advance Order - #	(No small entity discoun	С	ayment of Fee(s):  A check in the ant Payment by credi The Director is he Deposit Account Nu	t card. Form PT0 creby authorized	O-2038 is attached by charge the req	uired fee(s), or	,	overpayment,
5. Change in Entity Statu	s (from status indicated a	ibove)			***************************************			
a. Applicant claims SM	IALL ENTITY status. Se	ee 37 CFR 1.27. 🔯	b. Applicant is no	o longer claimin	g SMALL ENTIT	Y status. See 3	37 CFR 1.27	(g)(2).
The Director of the USPTO i NOTE: The Issue Fee and Pu interest as shown by the reco	blication Fee (if required)	will not be accepted fr	rom anyone other than th	ply any previous e applicant; a reg	ly paid issue fee to pistered attorney or	the application agent; or the as	identified about	ove. er party in
Authorized Signature	AHAP		Date	2/18/	10			
Typed or printed name <u>Jason Tebbutt</u>			Registration No. 55,671					
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